County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 23, 2014

Supervisor Mark Ridley-Thomas
Los Angeles County Board of Supervisors
866 Kenneth Hahn Hall of Administration
Los Angeles, CA 90012

Dear Supervisor Ridley-Thomas:

This letter is in response to your January 10, 2014 letter requesting that the Department of Children and Family Services (DCFS) address:

(1) How DCFS will implement the recommendations from the Blue Ribbon Commission's Interim Report, along with a timeline;
(2) Which of the Blue Ribbon Commission's recommendations will be the easiest and quickest to implement; and
(3) Your questions grouped according to three points set forth in my January 7, 2014 presentation to improve child safety.

DCFS' statutory charge is child protection. DCFS appreciates and agrees with the Blue Ribbon Commission on Child Protection's (BRCCP) recognition that child protection failures cannot be attributed to one agency or department; and that DCFS is not and cannot be viewed as solely responsible for all aspects of child protection. Accordingly, any improvements to Los Angeles County's child safety must be premised on an established County priority, shared across multiple agencies and entities, coupled with measurable and accountable mechanisms to working collaboratively.

It must be acknowledged that DCFS is not authorized to implement any of the BRCCP recommendations in advance of Board action directing such implementation; that the BRCCP Interim Report recommends that County agencies outside of DCFS should have lead responsibility for implementation of the various recommendations; and that the large majority of BRCCP recommendations pertain to duties and activities performed by other County agencies. However, the following offers a brief feasibility analysis of each BRCCP recommendation, the impacts of which DCFS developed in consultation with representatives of the District Attorney's Office; the Sheriff's Department; eight (8) municipal law enforcement agencies within Los Angeles County; the Los Angeles City Attorney's Office; County Counsel; and the Departments of Health Services and Public Health.

BRCCP INTERIM REPORT RECOMMENDATION No. 1

All previous recommendations undergoing implementation by DCFS should be reviewed and prioritized to ensure that implementation will improve child safety and/or contribute to the effectiveness of DCFS's mission.

The Department's mission is to improve child safety, permanency and access to effective and caring services. During the six years between 2008 and 2013, DCFS received 821 recommendations that emerged from directives issued by the Board of Supervisors and non-governmental entities; as well as multiple audits and reviews conducted by various County, State, and Federal agencies.

Of the 821 directives and recommendations, ninety-six percent (96%) have been fully- or partially- implemented. The matrix below offers additional detail on those directives and recommendations pertaining to child safety, permanency and well-being; our implementation progress for each sub-category; and barriers to full implementation.

GOALS	NUMBERS	IMPLEMENTATION PROGRESS			IMPLEMENTATION BARRIERS			
		FULL	PARTIAL	NONE	DCFS	COUNTY	STATE	FEDERAL
SAFETY	415 (51%)	257	145	13	2	4	6	1
PERMANENCY	141 (17%)	86	48	7	2	1	2	2
WELL-BEING	265 (32%)	118	138	9	2	2	5	0
TOTALS	821	461 (56%)	331 (40%)	29 (4%)	6 (21%)	7 (24%)	13 (45%)	3 (10%)

Accomplishing full implementation of all remaining directives and recommendations in a manner that will improve child safety and/or contribute to the effectiveness of DCFS' mission requires additional County, State or Federal intervention. This is consistent with the BRCCP's proposal calling for a cultural and structural shift within the County to incorporate a multi-disciplinary system with one common goal and shared set of priorities pertaining to child safety. Based upon DCFS' above-noted implementation successes related to the 821 directives and recommendations, the Department agrees with the BRCCP's overall premise.

BRCCP INTERIM REPORT RECOMMENDATION No. 2

The Board and County leadership must develop additional finely-tuned process and outcome measures, other than tragic child fatalities, to assess system performance.

The Department agrees with this recommendation. Each County agency with a stake in child protection is bound by its respective broad public mandate and funding requirements. The majority of existing and previously-issued multi-disciplinary child protection interventions often conclude as soon as the driving issue appears stabilized or resolved. The establishment of a County multi-disciplinary child safety vision, with defined inter-agency objectives and strategies; blended County resources aligned to support those strategies; and consistently tracked outcomes improvement would further enhance the County's child protection safety net.

DCFS' Strategic Plan objectives, developed to measurably improve child safety include:

- A reduction of Emergency Response referrals over 30 days;
- A reduction in the numbers of cross-over youth;

- A reduction of court sanctions;
- A reduction of employee leave of absences; and
- An increase of new foster care homes/beds.

On an ongoing basis, DCFS measures its performance related to child safety, permanency and well-being through the following Federal indicators:

Safety Measures

- Number of recurrence of maltreatment
- Number of maltreatment in foster care
- Number of maltreatment in home
- Timely response to referrals
  - For immediate response referrals
  - For 5-day response referrals
- Timely Contacts on referral investigations and cases
- Timely disposition of referrals over 30 days

Permanency Measures

- Foster care entry removals
- Foster care entry removals with timely TDMs
- Exit to Reunification
  - Within 12 months
  - For children in foster care 24+ months
- Exit to Permanency
- Exit to Adoption within 24 months
- Re-entry into foster care
- Placement stability
  - Within 0-12 months
  - 12-24 months
  - Over 24 months

Well-being Measures

- Timely Medical Exams
- Timely Dental Exams
- Sibling Placement
- Placement with relatives
- Mental Health Screenings
  - For newly detained children
  - Newly open non-detained
  - Existing open cases

Similarly, identifying, operationalizing, and tracking multi-agency child safety-focused outcomes measures within a continuum of interventions, beginning with child abuse and neglect prevention and ending with recidivism prevention, would establish a Countywide client-focused rather than an issue-based approach to protecting children.

BRCCP INTERIM REPORT RECOMMENDATION No. 3

The County can measurably and immediately improve child safety by requiring all departments to target combined resources and high quality services, including prevention services, toward children under the age of five.

The Department agrees with this recommendation. As of December 2013, of the 36,870 children under DCFS supervision, 13,785 (37%) children are ages 5 and under. Of utmost importance to improvements in child safety is the combination of multi-disciplinary expertise through inter-agency resource and service delivery integration and community-based public/private partnerships to reduce and prevent entries into the child welfare system, particularly for very young children.

The Safe Children, Strong Families contract solicitation, currently in progress, seeks to establish a continuum of contracted community-based intensive and individualized prevention, case management and aftercare services that:

1) Prevent entries into the child welfare system;
2) Enable more children to remain safely in their birth homes;
3) Reduce timelines to permanency, either through safe family reunification or with loving adoptive families; and
4) Reduce the census and lengths-of-stay of children in congregate care while ensuring that individualized case planning and appropriate community alternatives are in place.

The root causes of child abuse and neglect include the stressors of poverty, social isolation, unemployment, and a lack of access to quality education, housing, health, mental health, and substance abuse services. Serving at-risk families through the prevention strategies of Differential Response; Child and Family Centers; and contracted community-based interventions that address the root causes of child abuse and neglect form a key component of Los Angeles County's child safety net, ultimately improving child safety, permanency and well-being outcomes.

BRCCP INTERIM REPORT RECOMMENDATION No. 4

All Sheriff's deputies and local law enforcement agencies within the County of Los Angeles must cross-report every child abuse allegation to DCFS, as required by State law. In addition, it should be documented that a cross-report was made, for example, in a police report or law enforcement log.

The Department agrees with this recommendation. State law requires that DCFS be made aware of every child abuse allegation within Los Angeles County. Furthermore, every alleged crime against a child must become a call for service for a law enforcement agency. Given that the mandates of each investigating agency differ, the coordination of timely joint investigations would ensure the preservation of evidence, witnesses, critical scene information and appropriate documentation and analysis by each investigating agency.

To assess the impact of this recommendation as well as the next three below, DCFS consulted with representatives of the Sheriff's Department; eight (8) municipal law enforcement agencies; the Los Angeles City Attorney's Office; the District Attorney's Office

and County Counsel. From a practical perspective, to ensure proper cross-reporting of every child abuse allegation and joint investigations as a call to service, increased staffing and ongoing cross-training between DCFS, local law enforcement agencies, and all City Attorneys within Los Angeles County on child abuse and neglect reporting, investigations, and Electronic Suspected Child Abuse Reports (E-SCARS) utilization are required. Additionally, the anticipated higher volumes of Child Protection Hotline calls and corresponding E-SCARS will require additional monitoring and audit compliance resources for the District Attorney's Office.

BRCCP INTERIM REPORT RECOMMENDATION No. 5
E-SCARS should be utilized fully by all relevant agencies and receive the necessary support to be well-maintained and enhanced.

The Department agrees with this recommendation. The Child Abuse and Neglect Reporting Act (P.C. 11164) requires that DCFS and law enforcement mutually cross-report allegations of suspected child abuse and/or severe neglect; and that the District Attorney's Office audits cross-reporting compliance. E-SCARS enables rapid and secure electronic transmission and receipt of Suspected Child Abuse Reports between DCFS, the District Attorney's Office, the Sheriff's Department and other municipal law enforcement agencies within Los Angeles County. It facilitates timely responses to sensitive cases, consolidates reports from multiple mandated-reporters, provides case-tracking capability, expedites criminal investigations, promotes enhanced communication among the investigating agencies, and enhances prosecutions.

DCFS Children's Social Workers assigned to the Child Protection Hotline or Emergency Response Units have current access to E-SCARS. DCFS will further enhance communication between child welfare and law enforcement by ensuring E-SCARS access by all Children's Social Workers, including those providing Continuing Services. However, full E-SCARS utilization pertains to all relevant agencies – DCFS; the 48 law enforcement agencies within Los Angeles County (Sheriff's,. Los Angeles Police Department, and local municipal law enforcement agencies); the District Attorney's and City Attorney's Offices countywide. Additional consideration should also be given to further expanding E-SCARS access to other agencies, such as the California Highway Patrol.

To accomplish efficient full-utilization, E-SCARS must be well-maintained, enhanced and upgraded. A joint effort by the District Attorney's Office, the Sheriff's Department and DCFS nearly a decade ago culminated in the development of the web-based E-SCARS system through seed funding granted by the Quality and Productivity Commission. To address E-SCARS' expansion software needs to enable the technical demands for increased efficiency, user friendly interface, and faster records search capabilities, alternative funding must be identified.

BRCCP INTERIM REPORT RECOMMENDATION No. 6
The District Attorney's Office should increase its oversight of the law enforcement response and sharing of information, including cross-reporting between DCFS and law enforcement agencies, to ensure that each agency carries out its mandated investigative response.

The Department agrees with this recommendation. A ***draft*** Memorandum of Understanding (MOU) between DCFS, the Los Angeles Sheriff's Department and the District Attorney's Office continues to support inter-agency collaboration. In order to support full E-SCARS utilization, affected departments must formalize their roles, responsibilities and expectations by finalizing a mutually agreed-upon MOU, in consultation with County Counsel.

Additionally, State legislative changes may be required to grant the District Attorney's Office "oversight" responsibilities over responses by law enforcement agencies. Per County Counsel, State statutes do not grant the District Attorney's Office the responsibility of supervising or overseeing the investigative mandates of local law enforcement agencies. Under the State Constitution (Article 5, Section 13), it is the State Attorney General who has direct supervisory and oversight responsibility over the Chiefs of Police, the County Sheriffs, and the District Attorneys.

However, the District Attorney's Office is responsible for monitoring and auditing cross-reporting and documentation in E-SCARS. The pertinent statute includes criminal penalties for failing to report suspected child abuse; especially, by mandated reporters such as law enforcement, school teachers or child welfare representatives. To that extent, through its prosecutory functions, the District Attorney's Office has the ability to promote cross reporting compliance by both police officers and child protection workers.

BRCCP INTERIM REPORT RECOMMENDATION No. 7

To avoid placement delays and improve child safety, law enforcement and DCFS staff should be co-located, or otherwise collaborate closely, to increase the speed of background checks for relatives and other potential care providers.

The Department agrees with this recommendation. DCFS continues to fully-support the co-location of social workers with the Los Angeles Sheriff's Department, the Los Angeles Police Department, and designated local independent police agencies throughout Los Angeles County. The Department will consider how best to meet its obligation to lower caseloads while also considering the benefits of co-locating staff within additional local law enforcement agency sites. At this time, up to 30 DCFS Children's Social Workers, co-located within eight (8) of the 48 law enforcement agencies countywide, carry full caseloads and respond to referral investigations. However, they also perform supplementary functions, such as obtaining copies of records or facilitating background clearances for relative placements. A current DCFS Strategic Plan Objective is the development of a uniform service model for all co-located staff in law enforcement agencies.

Another recently-established process to gain timelier access to criminal background information on prospective relative caregivers during after-hours and on the weekends is the ability for Children's Social Workers to have access to California Law Enforcement Tracking System (CLETS) criminal clearances through the Probation Department. This collaboration with the Probation Department, initiated by DCFS, has helped expedite safe child placements with relative and non-related extended family member caregivers.

BRCCP INTERIM REPORT RECOMMENDATION No. 8

All children entering placement and children under age one whose cases are investigated by DCFS should be screened at a Medical Hub. Children placed in out of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs.

The Department agrees with this recommendation. Current DCFS policy requires that all newly-detained children be medically "assessed" at a Medical Hub; and does not extend to children under investigation, whether under age one or older. As of January 9, 2014, a monthly average of 1,050 children under age one receive Family Reunification Services; and a monthly average of 169 children under age one receive Emergency Response Services (see Attachment I). Therefore, a total monthly average of 1,219 children under age one, either under investigation or newly-detained, would require medical screening at one of the seven Medical Hubs countywide, clearly supporting the quality of DCFS casework and placement decisions.

To assess the impact of the recommendation, DCFS consulted with the Department of Health Services (DHS). In calendar year 2013, the LAC+USC Medical Hub provided 2,530 Children's Welcome Center (CWC) medical screenings, of which 347 (14%) were for children under the age one. The LAC+USC Medical Hub is unique, in that, it is the County's only 24/7 Medical Hub. By virtue of its co-location with the CWC, it provides medical screenings to children countywide who are detained after hours and on weekends. The remaining Medical Hubs, aligned geographically with the DCFS regional offices, operate during traditional business hours only. In order to expand medical screenings of all children age one and under, both under investigation or newly-detained, DHS is currently assessing the costs of additional staffing, space, and other factors for each individual hub.

To address ongoing health care through Medical Hubs, a provision of the Memorandum of Understanding (MOU) between DCFS and DHS related to Hub operations includes an expansion goal, as resources permit, to establish the Medical Hub Clinics as medical home facilities for children in foster care. This provision is based on the belief that children in foster care can benefit from receiving continuity of care and coordination of all their health care needs by providers with specialized training and experience in working with children in foster care. One important provision of the MOU requires DCFS to work with caregivers to switch a child's health insurance to fee-for-service Medi-Cal, enabling DHS to receive reimbursement for ongoing care at the Medical Hubs or specialty care provided by the DHS system.

Medicaid regulations require that beneficiaries have freedom of choice in selecting a Medicaid provider. In order for DHS to receive reimbursement for ongoing treatment and care at a Medical Hub, children who are Medi-Cal-eligible; in another managed care plan; and/or covered through private insurance would have to be switched to a DHS provider. DHS is uncertain about the implications of a Court or County mandate to have detained children followed on an ongoing basis or periodically in the Hub system. DHS, County Counsel and DCFS are currently reviewing the scope of this matter and exploring viable solutions.

BRCCP INTERIM REPORT RECOMMENDATION No. 9
A Public Health Nurse should be paired with a DCFS social worker in child abuse or neglect investigations of all children from birth to at least age one.

The Department agrees with this recommendation. There are currently 147 Public Health Nurses (PHN) throughout DCFS' 19 Regional Offices. 74 PHNs are employed by DCFS; and 73 PHNs are employed by the Department of Public Health (DPH) but co-located in DCFS Regional Offices. The DCFS-employed PHNs consult with Children's Social Workers regarding the health care and safety needs of children as they enter foster care during the investigative phase and when children are detained in out-of-home placement. The DPH-employed PHNs consult with Children's Social Workers when children are detained in out-of-home placement.

To assess the impact of the recommendation, DCFS consulted with DPH. In order to pair a PHN with a Children's Social Worker in child abuse or neglect investigations for a monthly average of 1,000 children ages birth to one, a total of 80 additional Public Health Nurses are needed to provide consultation, special care services and regular monthly home visits; and an additional 8 Public Health Nurse Supervisors are required to ensure adequate supervision.

BRCCP INTERIM REPORT RECOMMENDATION No. 10
The Department of Public Health's evidence-based home visit service should be made available to all children under age one who are seen at a Medical Hub.

The Department agrees with this recommendation. To assess the impact of the recommendation, DCFS consulted with the Director of Department of Public Health's evidenced-based home visiting program - the Nurse Family Partnership (NFP) Program.

The NFP Program serves 1,075 new mothers and their newborns for a total of 2,150 NFP mother-child clients at any given time. Over 55% of those served are under the age of 17. Full services last up to 2 ½ years and involve over 50 home visits. The NFP Program enrolls new mothers (first-time pregnant and living in poverty) within their first few weeks of pregnancy to promote safe pre-natal care and to teach protective parenting skills before the child's birth. The program assesses for depression, early onset of mental disease, domestic violence and other issues that upset a normal trajectory for child development and that contribute to child abuse and neglect. The NFP Program encourages youth to make a life plan, complete school or gain employment. All children born to at-risk mothers are followed until they reach the age of 2; receive periodic physical and developmental assessments; and are evaluated at all visits for signs of physical, mental or developmental progress.

A recent Memorandum of Understanding (MOU) between DCFS and DPH on the NFP Program strengthened the referral processes for DCFS youth. A key eligibility factor of the NFP Program is that a referral must be made before the 24th week of pregnancy. An obstacle that DCFS must address is, for a multitude of reasons, pregnant youth may not disclose their pregnancy within this timeframe. Since the MOU was established, Public Health Nurses referred 36 first-time pregnant teens to the NFP Program. Three youth were accepted; eight did not meet eligibility criteria; three declined participation; 21 are pending; and one youth was referred to another home visitation program.

The Department of Public Health's NFP costs vary with the population group served and the grant support available. Currently, all DCFS children are covered by Medi-Cal and qualify for Targeted Case Management reimbursement - matching funds that lower the costs by about 25%. The cost per child for 6 months during pregnancy and 1.5 years following birth is $8,440.00. For full 2 ½ year NFP enrollment, the cost is approximately $10,500.00 due to the length that the NFP Program serves a client, and the reduced number of nurse home visits (please see Attachment II titled Cost and Benefits: The Economic Return on Investment).

To find alternative evidence-based or high-quality home visitation services for DCFS clients in situations where they are ineligible for the Department of Public Health's NFP Program, DCFS is also represented on a Home Visitation Consortium - the Guiding Coalition Home Visitation in Los Angeles County. The purpose of the collaborative is to create a community-based Perinatal Home Visitation network to support the self-sufficiency of new and young families; and to coordinate and assist currently operating agencies in establishing common program goals, directive standards for practice, and data collection practices for home visitations.

The following section is in response to the questions in your January 10, 2014 letter, grouped accordingly to the three points set forth in my January 7, 2014 presentation to improve child safety.

QUESTIONS REGARDING CASE REDUCTION:

Question # 1: As workers are being hired and placed, is the caseload equity analysis being used to determine where these new hires are placed?

Yes. The caseload equity analysis is the main driver used to determine where new staff will be assigned.

Question # 2: Do you expect to reach our hiring plan? If so, how?

Yes. The Department has committed to hiring 450 new Children's Social Workers (CSWs) in 2013 and 2014. As of January 17, 2014, the Department has hired 142 CSWs and has also reinstated or returned to work an additional 3 CSWs for a total of 145 (32% of the targeted goal). These newly hired staff will be assigned to handle Continuing Services cases.

In the past, the Department recruited primarily from the schools of social work each summer, rather than filling vacancies on an ongoing basis. This practice prevented the Department's efforts to fill vacancies on an ongoing basis. The Department intends to reach its hiring plan by maintaining an active Children's Social Worker eligibility list at all times, by conducting targeted recruitment when necessary, and by continuing to recruit Masters of Social Work graduate students from the local schools of social work. This will position the Department to fill vacancies as needed.

Question # 3: Does your hiring plan address attrition through retirement, medical leave or dismissal? If so, how?

Yes. The plan is to hire 450 social workers in 2013 and 2014. Some of the 450 new social workers will be assigned to offices where vacancies exist due to medical leaves, retirements, promotions, or other circumstances. Maintaining an active eligibility lists year round will enable the Department to continuously fill vacancies. Hiring 450 workers and maintaining an on-going ability to fill vacancies will help address attrition.

Question # 4: Does this plan address this issue of cases within the yardstick?

Yes. Yardstick is 27 children per caseload for Emergency Response Social Workers, and 31 children per caseload for Continuing Services Social Workers. When staff is assigned to DCFS regional offices it is important to ensure that DCFS adequately staff those offices tending to have more complex cases than other offices. This will be accomplished by using the caseload equity formula to assign staff. There are offices that would receive few, if any, staff under the caseload equity analysis, but may require staff because social workers in that office are over yardstick. As such, the Department will make adjustments in staffing allocation under the caseload equity analysis to ensure that all offices have sufficient staff to reduce caseloads to under yardstick.

QUESTIONS REGARDING TRAINING

Question # 5: There are a total of 1,125 social workers as of January 13, 2014 but only 145, who are new hires (according to your chart), will have gone through the simulation lab. Do you have a plan for all DCFS social workers to receive this training? If so, what is it?

The plan is under development. The Department is working with the schools of social work to develop a multi-year training plan that will include a track for existing social workers (this includes supervisors). The training resources from the Department and the universities are insufficient to train all existing social workers simultaneously. Therefore, the Department must prioritize which staff to train first, when to schedule the training for such a large volume of staff, and how the training will be delivered. More specifically, the Department must work with the schools of social work to develop an efficient method for delivery simulation training to so many staff since all existing simulation labs will be operating at full capacity for the social workers hired in 2014. The Department respectfully requests permission to provide an updated response within 90 days to include our training plan for existing social workers.

Question # 6: What is the expected completion date for all case carrying workers to be trained through this lab?

Please see the answer to question number 5 above. The Department is developing its training plan for existing social workers and has respectfully requested permission to provide the training plan within 90 days.

Question # 7: Once social workers complete the training, what is the plan to measure individual competence on a yearly basis?

The Department will use Work Plans and the annual Performance Evaluation to measure competence on an annual basis. Work Plans are used at the outset of an employee's evaluation period. The Work Plan helps to establish expectations. The employee evaluation

is prepared at the end of the evaluation period to review the employee's performance for the prior year based on the Work Plan. The Department has both Work Plans and Performance Evaluations for its Social Workers.

Question # 8: Are the social workers required to participate in continuing education programs? What are the State requirements, if any? Does the County require additional hours beyond the State's requirements? Are all social workers in compliance? If not, what is the plan to bring them into compliance?

The State, and by extension, DCFS require all CSWs and SCSWs to complete 40 hours of training every 2 years. It is difficult to determine from currently available data if all staff are in full compliance but it is believed that training hours are underreported for the following reasons:

1. DCFS has limitations in its ability to access, analyze, and report accurate training data from the County's Learning Management System (i.e., SABA). DCFS' training unit has worked with the County's Department of Human Resources (DHR) to resolve key challenges in tracking and reporting training information.
2. Another challenge in tracking the number of trainings is the documentation and reporting of alternative types of training such as eLearning, outside conferences, and office-based training. In order to protect and maximize the time available to staff to complete essential service delivery tasks, the Department has made a concerted effort to strengthen in-office trainings and self-directed training. The time to attend formal off-site training has been reduced to meet direct service requirements. Increased numbers of field based training, coaching, learning events and briefings have been occurring at the field office level. These types of training activities continue to be significantly under-reported and DCFS is working to strengthen protocols to ensure local in-office training events are tracked and reported in the Learning Management System. The Training Section continues to work with regional management to develop a consistent protocol to ensure training credits are fully reported and documented.

DCFS Training continues to work with DHR and internally with line operations management to resolve key challenges in tracking and reporting training information. The most significant improvement focuses on the development of a DCFS-specific "Data Mart" that allows DCFS to generate ad hoc reports per employee or office to better assess employee training progress and compliance.

Question # 9: Are all the social workers licensed? If not, is there a difference between roles of licensed and unlicensed social workers?

No. Licensing is not required for the CSW positions. Whether licensed or not, all newly hired CSWs receive all State mandated and DCFS- required, job specific training prior to being assigned a caseload. As such, there is no distinction between the roles of licensed and unlicensed social workers within DCFS.

Question # 10: If there are unlicensed social workers, is there a plan to educate unlicensed social workers to help fill the hiring gap?

Licensure is a clinical classification, governed and granted by the State of California Board of Behavioral Science Examiners (BBSE). Licensure is required only for practicing psychotherapists and is not an employment requirement for social workers in public child welfare in California. The Department, in partnership with the UCCF universities, collaborate in preparing, educating, and training new and current CSWs and SCSWs.

QUESTIONS REGARDING HOTLINE REDESIGN:

Question # 12: In developing this analytical tool to assess risk, is DCFS seeking help from other County departments (i.e., Mental Health, Public Health, or Health Services)?

During the initial Pilot Project, data from the Enterprise Linkages Project database that is operated by the Office of the CEO will be utilized. This database contains information from Mental Health, Health Services, Public Health, Community and Senior Services, Probation, Sheriff, and DPSS.

Question # 13: How will this tool be expanded to ensure that it properly assesses children under five, who according to research, are at the greatest risk of abuse or neglect?

As part of the analytical work performed under this Pilot Project, an analysis of the risk factors associated with children under five will be included and factored into the overall risk assessment tool as appropriate.

Question # 14: Will the search process to identify persons with prior DCFS history include how to access prior history from other jurisdictions?

During the initial Pilot Project, only data from Los Angeles County departments will be accessed. It is anticipated that information from other jurisdictions will be added during subsequent phases of this initiative as deemed appropriate.

I hope you and your staff find the responses provided helpful. If you have any other questions, please contact me or have your staff contact Helen Berberian, Executive Assistant, at (213) 351-5594 or via e-mail at HBerberian@dcfs.lacounty.gov.

Sincerely,

Philip L. Browning, Director
Los Angeles County Department of Children and Family Services

PLB:HB:hb

Enclosures

Attachment I

County of Los Angeles
Department of Children and Family Services

Children under 13 Months by Service Component

Report Year Month	ER	FM	FR	PP	Total
January 2013	172	844	988	159	2,163
February 2013	190	860	1,000	156	2,206
March 2013	152	877	994	166	2,189
April 2013	168	872	998	174	2,212
May 2013	140	873	1,037	170	2,220
June 2013	164	868	1,039	167	2,238
July 2013	169	867	1,084	162	2,282
August 2013	163	893	1,106	158	2,320
September 2013	175	853	1,082	163	2,273
October 2013	192	824	1,104	161	2,281
November 2013	170	838	1,093	158	2,259
December 2013	174	822	1,075	151	2,222
Average	**169**	**858**	**1,050**	**162**	**2,239**

Source: CWS/CMS History Database

Note:

1. *Data reflect end-month case counts (snapshot) of children under 18 months by service component*
2. *Some children may be counted from one month to the next as they remain in the caseload with the same age range and service component.*

Attachment II

Nurse-Family Partnership

Helping First-Time Parents Succeed

Costs & Benefits: The Economic Return on Investment

NFP National Office • 1900 Grant Street, Suite 400 • Denver, Colorado 80203-4307
www.nursefamilypartnership.org • 866.864.5226 • fax 303.327.4260

Benefits

Nurse-Family Partnership is an evidence-based prevention program that improves the health and well-being of low-income, first-time mothers and their children. Several independent studies* have weighed the costs and benefits of implementing the NFP program and concluded that the program, when implemented with fidelity to the model, produces significant benefits for children and their parents, and over time will return $2-$4 for every dollar invested. **Savings accrue in the following areas:**

► **Health Care Delivery** ► **Child Protection** ► **Education** ► **Criminal Justice**
► **Mental Health** ► **Welfare and Public Assistance** ► **Taxes Paid by Employed Parents**

In the first trial of the program, costs were recovered by the time children reached the age of four and cost savings continued to build throughout the lives of both mother and child.

The ability to get maximum return on investment is dependent on three important factors:

- Highly educated registered nurses deliver home visits to low-income mothers who are pregnant for the first time.
- The program is implemented with fidelity to the intervention model tested in the randomized trials.
- Services are delivered at sufficient scale to benefit from basic operational efficiencies (generally 100 families served).

Washington State Institute for Public Policy

*Benefits and Costs of Prevention and Early Intervention Programs for Youth S. Aos, R. Lieb, J. Mayfield, M. Miller, and A. Pennucci. Washington State Institute for Public Policy: Olympia, WA, 2004

Of the early intervention and prevention programs reviewed, **Nurse-Family Partnership** ranked highest in terms of achieving significantly more benefits than costs. Implementation costs of the Nurse-Family Partnership program were estimated (in 2003 dollars) at $9,118 and benefits were estimated at $26,298 leaving a net return to government of $17,180 per family served.

Summary of Benefits & Costs Per Youth for Child Welfare/Home Visitation Programs

Program	*Benefits*	*Costs*	*Benefits per Dollar of Cost*	*Benefits Minus Costs*
Nurse-Family Partnership	**$26,298**	**$9,118**	**$2.88**	**$17,180**
Home Visiting Programs for At-risk Mothers and Children**	$10,969	$4,892	$2.24	$6,077
Parent-Child Interaction Therapy	$4,724	$1,296	$3.64	$3,427
Healthy Families America	$2,052	$3,314	$0.62	($1,263)
Systems of Care/Wraparound Programs**	$0	$1,914	$0.00	($1,914)
Family Preservation Services (ex. WA)**	$0	$2,531	$0.00	($2,531)
Comprehensive Child Development Program	($9)	$37,388	$0.00	($37,397)
Infant Health & Development Program	$0	$49,021	$0.00	($49,021)

**Programs marked with asterisks are the average effects for a group of programs; programs without an asterisk refer to individual programs.
The entire report and remaining table of Summary of Benefits & Costs for all Prevention and Early Intervention Programs for Youth is available at www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

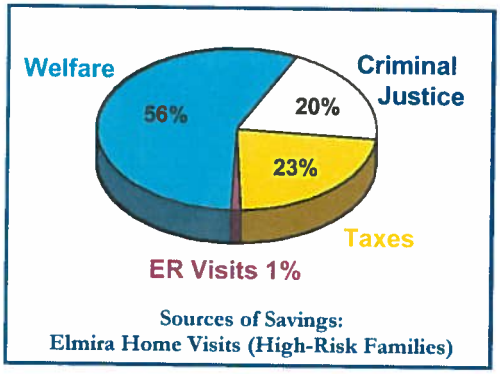
The RAND Corporation study concluded that the **Nurse-Family Partnership program returned four dollars for every dollar invested** in services by the time these children reached the age of 15. The total savings were estimated at $24,694 with a program cost per family of $6,083 leaving a net government savings of $18,611 per family served (amounts in 1996 dollars).

RAND Corporation

*Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions. L. Karoly, PW Greenwood, SS Everingham, J Hoube, MR Kilburn, CP Rydell, M Sanders, and J Chiesa. RAND Corporation: 1998.

The RAND study identified at least four types of significant savings to government:

- **Increased Tax Revenues** from increased employment and earnings by program participants including state and federal taxes, Social Security contributions and state and local sales taxes.
- **Decreased Welfare** including Medicaid, Food Stamps, Aid to Families with Dependent Children and general assistance by counties.
- **Reduced Expenditures for Education, Health and Other Services** including special education, emergency room visits and homeless shelters.
- **Lower Criminal Justice System Costs** including arrest, adjudication and incarceration expenses.



Sources of Savings:
Elmira Home Visits (High-Risk Families)

New York City Department of Health and Mental Hygiene

*Division of Financial and Strategic Management, Office of Research and Evaluation T. Dumanovsky, H. Muttana. New York, NY, 2004.

Anticipated Program Effects per 100 participating families †

- **50% reduction in language delays, saving between $133,000-$440,000.**
- **50% reduction in reported child abuse and neglect through the child's second birthday, saving $38,500.**

† Based on NFP program effectiveness studies.

Over time, further savings may accrue from longer-term benefits:

Education costs associated with developmental delays and learning disorders.

Social services spending for public assistance, child abuse and neglect and foster care.

Spending for emotional and psychological problems including low self-esteem, problems bonding and forming relationships, aggressive behavior, depression and post-traumatic stress and conduct disorders.

Financial burdens on families that result from limited economic, social, and emotional support of non-resident fathers; productivity losses among caregivers and injured children later in life; permanent disability by injury leading to chronic pain or loss of motor or cognitive functioning.

Facts about health costs associated with births in the U.S.

National Governors Association

Healthy Babies: Efforts to Improve Birth Outcomes and Reduce High Risk Births Cassandra O'Neill, NGA Center for Best Practices 2004

- Research shows that Medicaid finances 40% of the 4 million annual births in the U.S.
- Medicaid pays for 50% of the low birth weight/premature births
- Average cost per diagnosis of premature birth is $75,000
- Premature birth rate is estimated at 12.1%
- Annual cost to Medicaid for premature births is estimated at over $18 billion each year

Studies show that **implementation of the Nurse-Family Partnership program in Louisiana reduced the incidence of premature births by 52%** for women participating in the program. Similar outcomes have been achieved in other states. The implications for potential healthcare savings alone are staggering.